COUNTY OF CULPEPER

DEPARTMENT **OF** DEVELOPMENT **(540) 727-3404** Fax **#**: **(540) 727-3461**

302 North Main Street Culpeper, Virginia 22701



APPLICATION FOR LAND DISTURBING PERMIT

Commercial/Industrial	Type: Date of Application:
Subdivision Name:	Permit Expires:
APPLICANT:(Full Name)	(Business Phone)
	(Exemese i meno)
LANDOWNER:(Full Name)	(Business Phone)
(Address)	
PLANS PREPARED BY:	
PROJECT(Name and Descrip	otion)
LOCATION:	
TAX MAP/PARCEL NO.	DISTURBED AREA =Sq.Ft./Acres
l,(Signature)	, hereby certify that I fully understand the provisions of the Culpeper
responsibility for carrying	nent Control Ordinance and Program, and that I accept full out the Erosion and Sediment Control Plan for the above oved by the County on
	entry onto this property, as described above, to designated nty for the purpose of inspecting and monitoring for compliance be.
Fee Received By:	Date:Amount Due:\$100.00
Approved:	Date:

(Erosion/Sediment Administrator)